

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006545

1. Entity Name
KEYS BODYFIT AEROBICS, INC.Principal Place of Business
~~99198 OVERSEAS HWY
SUITE 9
KEY LARGO FL 33037
US~~Mailing Address
PO BOX 1466
TAVERNIER FL 33070
US2. Principal Place of Business
Tradewinds Plaza
Suite, Apt. #, etc.
101401 Overseas HwyCity & State
Key Largo, Florida

Zip 33037 Country USA Zip 33070 Country USA

6. Name and Address of Current Registered Agent

PIEKLO, BARBARA L
99198 OVERSEAS HWY
KEY LARGO FL 33030City & State
Tavernier, Florida4. FEI Number
65-0385306Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Barbara L Pieklo
Street Address (P.O. Box Number is Not Acceptable)
17 Corrine Place

City Key Largo FL Zip Code 33037

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DO Delete
NAME PIEKLO, BARBARA
STREET ADDRESS P.O. BOX 1466
CITY-ST-ZIP TAVERNIER FL 33070

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara L. Pieklo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 305/453-0701

Date

Daytime Phone #

0184551
AV

CR2E034 (9/01)